

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	2876
Suggested Classification::	235/379
Title::	CASH DISPENSING AUTOMATED BANKING MACHINE WITH SERVICE MONITOR
Attorney Docket Number::	D-1221 R2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	18
Total Drawing Sheets::	97
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dave
Middle Name::
Family Name:: Kraft
Name Suffix::
City of Residence:: Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 3505 Darlington Avenue
City of mailing address:: Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44708

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Daniel
Middle Name::
Family Name:: Schoeffler
Name Suffix::
City of Residence:: Twinsburg
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 2148 Demi Drive
City of mailing address:: Twinsburg
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44087

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name::
Family Name:: Kansa
Name Suffix::
City of Residence:: Akron
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 2357 Copley Road
City of mailing address:: Akron
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44320

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Douglas
Middle Name::	A.
Family Name::	Kovacs
Name Suffix::	
City of Residence::	Canton
State or Province Of Residence::	OH
Country of Residence::	US
Street of mailing address::	212 Viking Street NW
City of mailing address::	Canton
State or Province of mailing address::	OH
Country of mailing address::	US
Postal or Zip Code of mailing address::	44214

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Zachary
Middle Name::
Family Name:: Utz
Name Suffix::
City of Residence:: North Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 8194 Overwood Avenue
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: MX
Status:: Full Capacity
Given Name:: Pedro
Middle Name::
Family Name:: Tula
Name Suffix::
City of Residence:: North Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 1118 Lindy Lane SW
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name::
Family Name:: Wymer
Name Suffix::
City of Residence:: Tallmadge
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 287 Osceola Avenue
City of mailing address:: Tallmadge
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44278

Correspondence Information

Correspondence Customer Number:: 28995

Representative Information

Representative Customer Number:	28995
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Date Filing::
This Application	An application claiming the benefit under 35 USC 119(e)	60/453,667	03/10/2003

Assignee Information

Assignee Name:: Diebold Self-Service Systems
Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH